

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

**10598281**

Filing Date

Applicant(s) **Dana Benesh**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		---	---	---	---
2		1	---	---	---	---
3		1		(1)	---	---
4		1		(1)	---	---
5		1		(1)	---	---
6		1		(1)	---	---
7		1	---	---	---	---
8		1	---	---	---	---
9		1		(1)	---	---
10		1		(1)	---	---
11		1		(1)	---	---
12		1		(1)	---	---
13		1	---	---	---	---
14		1	---	---	---	---
15		2	---	---	---	---
16		2	---	---	---	---
17	1		1		1	
18		2	---	---	---	---
19		2	---	---	---	---
20		2	---	---	---	---
21		2	---	---	---	---
22		2	---	---	---	---
23		2	---	---	---	---
24			1		---	---
25			1		---	---
26				1	---	---
27				1		1
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49						
50						
Total Indep.	2		3		1	
Total Depend.	29	↙	10	↙	1	↙
Total Claims	31		13		2	

	Indep	Depend	Indep	Depend	Indep	Depend
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